

## **Summary of Recommendations and Action Plan (May 16, 2012 update)** **Deer Lodge Centre – Lodge 6 Review – April 18, 2012**

- 1. The new manager selected for Lodge 6 must be a proven manager with exceptional interpersonal and management skills.**

*Action Plan*

*The new Manager of Patient Care (MOPC) will begin her position on May 7, 2012 and will continue to focus her efforts of setting expectations for performance and attendance consistent with our policy.*

- 2. Directed efforts must be made by the new manager as well as other members of both the clinical and administrative management teams of Deer Lodge to reinforce to Lodge 6 staff the need to focus first and foremost, on patient care.**

*Action Plan:*

- a) Regular staff meetings to open dialogue and build trust.*
- b) Reinforcement of the personal accountability model.*
- c) Customer service training for the L6 staff.*
- d) Consider Agreements for Excellence for the Interdisciplinary Care Team (IDT).*
- e) Establish explicit expectations for care on L6, provided in writing and reviewed at nursing team meetings.*
- f) Implement a structured plan for compliance audits for care plans, and for evaluating basic care needs.*
- g) RNs to take turns working along side HCAs to model appropriate care and standards.*

- 3. Continued focus on improving both care planning as well as adherence and adaptations to the care plans as appropriate.**

*Action Plan:*

*The unit work has been re-designed to create small working groups assigned to care of specific patients. This model should be continued and evaluated using audits and feedback from residents, families and staff.*

- 4. Staff require a greater understanding/education of the utility and health benefits of getting patients up regularly, getting patients to and ready for allied health treatments as well as social events and of the benefits of basic oral care and personal hygiene for the patients.**

*Action Plan:*

*The Clinical Resource Nurse (CRN) and the clinical educator have worked together to develop a learning package on this topic that all staff on L6 will be required to complete.*



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5. There is a perception that staff are frequently pulled from the unit to assist in other areas without being replaced because Lodge 6 has a higher baseline on some shifts. A review of staffing levels on the unit should be done in order to determine if these concerns have merit and whether any changes in staffing practices should occur.

Action Plan:

*The baseline staffing data and absenteeism rate of L6 and other comparable units will be compiled and presented to staff and other interested stakeholders. The log for "pulling" of staff will also be shared so that the myths can be dispelled.*

6. A number of staff identified opportunities to enhance care and efficiency by making some small but possibly effective changes. These include:

- (a) make available, additional instrumentation (thermometers, glucometers, etc.) so that staff do not need to share or search for instruments across the geographic areas of Lodge 6
- (b) have more staff work days/evenings or days/nights to encourage team work and less leaving of work to the next shift; and
- (c) have the manager attend the different shifts on a regular basis so that there is greater manager visibility and access to all staff.

Action Plan:

*The MOPC will have regular staff meetings to provide for ongoing dialogue with the staff to provide feedback and listen.*

*(a) A review of the equipment needs has been undertaken and where possible purchases will be made.*

*(b) The current master rotation has been in place for a number of years. As vacancies occur the master rotation will be modified as possible.*

*(c) This has always been, and will continue to be, an expectation of the manager and the CRN as necessary.*

## **Families and Patients**

1. A full review of the current infection control practices on Lodge 6 is recommended.

Families are confused about the infection control precautions on this unit and in nearly all instances stated that the rationale for precautions and processes to follow on this unit were never explained, or poorly explained, to them.

Action Plan:

*The Infection Control Practitioner (ICP) is working with the CRN, Interim Manager and the team to review the routine practices, the chain of infection and the action plan to reduce spread. This*



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*work began on April 24, 2012. Print material will be available for families and patients and where necessary, the ICP will meet with specific families to reinforce the principles. An outbreak of MRSA was formally declared on April 24, 2012.*

**2. It is recommended that DLC Senior Management make regular unannounced visits to Lodge 6 to review the care and services provided to the Residents. It is recommended that these visits occur at various times of the day, which includes the day, evening, night shifts and weekends.**

**Action Plan:**

Beginning in early February unscheduled visits have been carried out 7 days per week. The Chief Nursing Officer (CNO), Nursing Coordinators, and a retired MOPC have been completing the unit visits. These will continue. The change of shift report is also being monitored week days by the interim MOPC and CNO.

**3. Recommend the same staff members be assigned to the same group of Residents which will promote consistent and safe Resident centered care, team building, and relationship with families and Residents. The rotation of staff from the East side to the West side is not recommended.**

**Action Plan:**

*The patient assignment process has been modified effective March 2012. The staff have been assigned in teams to provide care for specific patients. The rotation from side to side will continue as we need to be sure the unit operates as one unit and not 2. The frequency of movement from side to side has been modified.*

**4. Recommend that DLC ensures that a Progressive Discipline program is used to manage poor staff performance.**

**Action Plan:**

*The Progressive Discipline process has been in place for several years. The interim MOPC will proceed to address the performance issues and to clarify expectations with all staff. Remedial Action will be taken as appropriate.*

**5. Implement a formal process to allow DLC Senior Management to receive direct feedback from Resident and families, along with a process for DLC Senior Management to communicate resolution of concerns back to Residents and families.**



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Action Plan:

*The L6 unit will be supported to re-establish a vibrant family/patient council that meets regularly, that produces minutes, and connects to the centre-wide Resident/Family council. The Interim Manager and Social Work (SW) will coordinate the meetings. To launch the renewed unit based Council the report from the external review will be presented by the CNO and Community Relation Director.*

6. In an effort to provide Resident/family centered care, it is recommended that the unit manager and social worker work one evening per week so that families who work during the day have an opportunity to meet with the manager and/or social working at a time that is convenient for the families. This would also assist with providing some supervision and building a sense of team with the evening shift.

Action Plan:

*The expectation has always been that the MOPC and SW flex their hours to be available to meet with patients and families in evening, weekends or as necessary. This flexibility will continue rather than imposing a structure that may actually limit this access.*

7. Based on feedback from the majority of families, it is recommended that DLC consider increasing staffing levels for direct care staff (nurses/HCAs) on Lodge 6.

Action Plan:

*The WRHA has proposed a process to review baseline staffing in the region. DLC will participate in this process.*

8. Intensive P.I.E.C.E.S. training for all staff members on Lodge 6 is recommended. This training will assist staff with developing the skills to complete a Resident centered assessment of care needs.

Action Plan:

*The staff will be assigned to attend this training when it is available. 4 staff have been registered to date.*

9. Training on abuse and neglect should be provided to all staff on Lodge 6. The PEACE project could be used as a training model in this area.

Action Plan:

*The clinical educator and the CRN have developed a training plan for the unit.*



**10. Training on teamwork is recommended. The staff on Lodge 6 lack a sense of shared responsibility and accountability for providing high quality Resident care. The Office of Staff Development has resources available to assist team building.**

**Action Plan:**

*The following three workshops will be organized for both the nursing team and the IDT: Accountability in Action, Agreements for Excellence, and Teamwork*

**11. Additional oral care training should be provided to nurses and HCAs. The requirement for daily oral care should be reviewed with staff, and management should audit this task to ensure follow-up.**

**Action Plan:**

*The review of oral care on L6 began the week of March 12. The CRN & CNS are working at the bedside providing direct teaching and asking the staff to provide a return demonstration.*

**12. Review process for change of shift meetings to ensure that it is an effective mechanism for exchange of information.**

**Action Plan:**

*The change of Shift process has been audited and reviewed by the CNO, Director of Resident Services (DORS) & the interim MOPC. A project to modify the process will be developed with the L6 professional nursing staff using the recommendation from a regional project completed in 2005.*

**13. Review the physical environment on Lodge 6 with an eye to improving the physical surroundings in order to promote and support Resident's dignity and privacy.**

**Action Plan:**

*The L6 unit painting, flooring and electrical changes will begin in the fall. A longer term plan to create single rooms has been developed and submitted for prioritization as part of the Regional Health Plan*

**14. Enforce the policy of wearing name tags and ensure that they are visible to Residents and families. Staff members' designation (e.g. Nurse or HCA) must also be easily recognized by Residents and families.**



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Action Plan:

*The compliance with the name tag policy will continue to be monitored on a daily basis. Framed photographs of the staff on L6 will be taken and displayed on the unit.*

**15. Establish a regular meeting for Lodge 6 staff and Manager to discuss issues and work collaboratively to find solutions. This would be a venue for staff to identify concerns about work life issues and receive support and provide suggestions for improvement. Dedicated time should be set aside for this discussion.**

Action Plan:

*Regular staff meetings have always been an expectation. Since March 1 there have been four staff meetings with the interim MOPC. These meetings will continue on a monthly basis until all the recommendations are fully addressed and then the meeting frequency will be adjusted to meet the needs of the L6 team but at least quarterly.*

**16. Care conferences need to occur 8 weeks post admission and annually thereafter. Residents and families should be provided with advance notice and several options for participation should be provided (e.g. Conference call, email, and letter). The conferences should be restructured to start with the Resident and family feedback prior to the staff verbal reports. Beginning the meeting with the Resident and family voice shows respect and encourages a Resident centered approach.**

Action Plan:

*The target for post admission conferences is 6 weeks and care plan reviews on a quarterly basis. Compliance with this policy will be monitored closely and strategies to achieve these targets trialed. It may be necessary to hold post admission conferences before the 6 week target in order to establish care plans that meet the expectations of families. The recommended structure of beginning with the Resident and family feedback will be encouraged.*